

HIPAA Provider Outreach Initiative for Residential Treatment Centers

by the
**District of Columbia, Department of Health,
Medical Assistance Administration
and the
HIPAA Provider Outreach Team**

May 29, 2003

Objective

To briefly describe:

- ▶ **HIPAA Review & Approval Process**
- ▶ **New RTC Billing Procedures**
- ▶ **New Provider Inquiry Policy**

Agenda

- ▶ **HIPAA Review and Approval Process**
 - ◆ Six-step analysis, translation and review process for changes to RTC Billing
- ▶ **New RTC Billing Procedures**
 - ◆ Overview
- ▶ **CPT and HCPCS Crosswalk**
- ▶ **Billing Manual Changes**
- ▶ **New Provider Inquiry Policy**



HIPAA Review & Approval Process

▶ Six Step Process:

- ◆ HIPAA Business Analyst Review
- ◆ RHIA Analyst Review
- ◆ Registered Nurse Review
- ◆ MAA Subject Matter Expert Review
- ◆ Local Code Set Committee Review
- ◆ Approval by Interim Senior Deputy Director

▶ Result of the Process:

- ◆ MAA Transmittal Letter



New RTC Billing - Overview

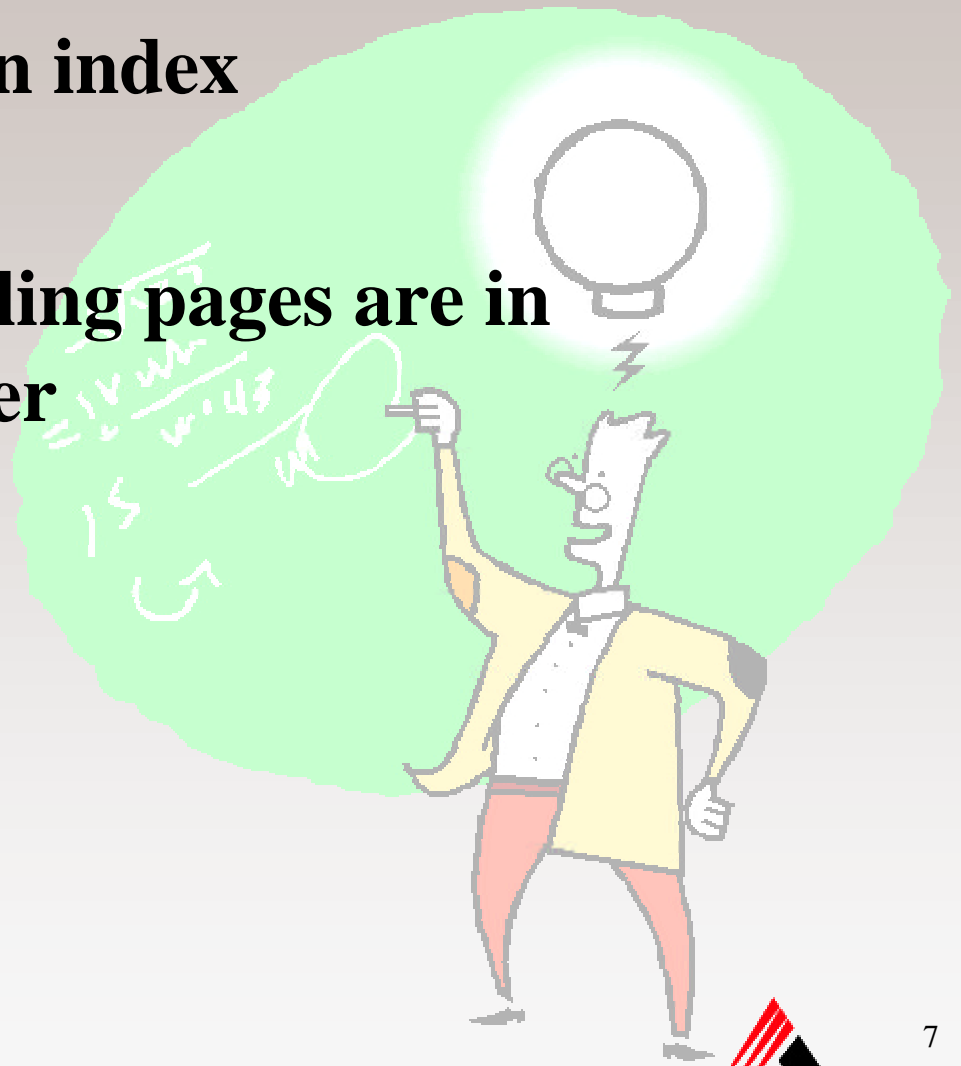
- ▶ **Effective date: August 1, 2003**
- ▶ **Use standard CPT and HCPCS codes to bill claims**

CPT & HCPCS Codes Crosswalk

Local Code & Modifier Description	Standard Code	Remarks
9999X RESIDENTIAL TREATMENT	H0018 Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Proper coding must distinguish between short-term and long-term residential care.
	H0019 Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	

Billing Manual Changes

- ▶ Added a revision index
- ▶ New manual billing pages are in the transmittal letter



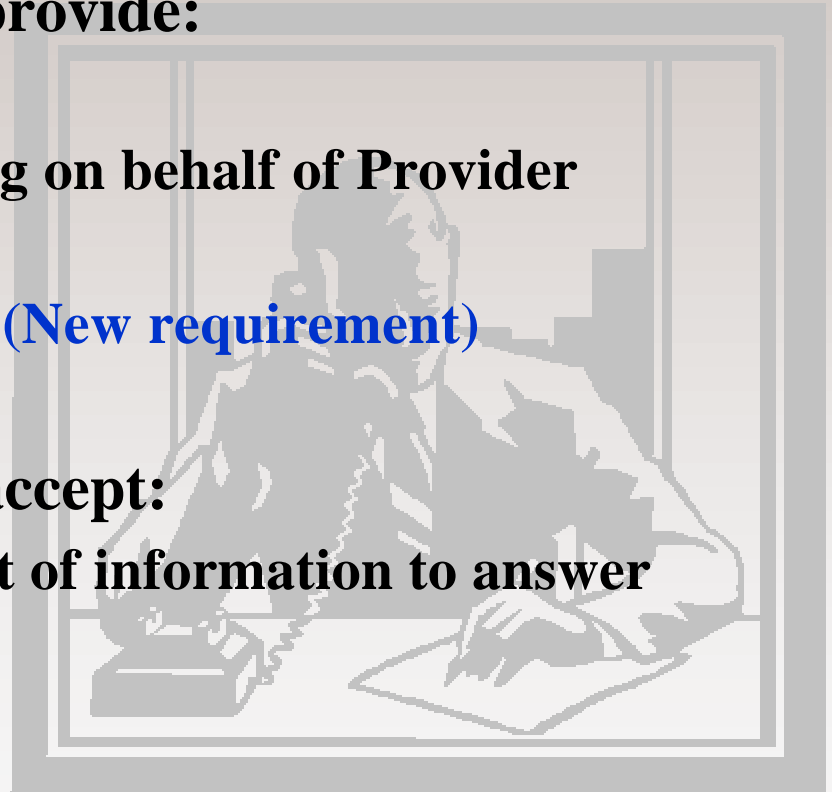
Billing Manual Changes - Revision Index

Revision Reference				
Section	Remove Page	Insert Page	Revised Page(s)	Description of Change
Table of Contents	N/A	7	New	Insert Revision Index page, Revised Date of 05/03/03.
Section 8.8	50	50	50	Added paragraph requesting provider name, tax id, provider Medicaid number, and name of person making call.
Section 13.1	76	76	76	Removed reference to local code 9999X. Added reference to Transmittal # XXXXX

New Provider Inquiry Policy

▶ When Calling the Provider Inquiry Unit

- ◆ Please be prepared to provide:
 - ▶ Provider Name
 - ▶ Name of person calling on behalf of Provider
 - ▶ Medicaid Provider ID
 - ▶ Provider Tax ID/SSN (New requirement)
- ◆ Please be prepared to accept:
 - ▶ The minimum amount of information to answer your inquiry



Provider Inquiry Unit

- ▶ **Hours of operation:**
 - ▶ **Monday through Friday**
 - ▶ **8 A.M. until 5 P.M.**

- ▶ **Telephone number: (866) 752-9233**

- ▶ **Correspondence address:**
 - ▶ **P.O. Box 34734**
 - ▶ **Washington, DC 20043-4761**

Provider Outreach Training Schedule

- ▶ **Introductory – May 29, 2003**
 - ◆ *Thank you, for attending today's training.* ☺
- ▶ **Detailed - June 16 – July 18, 2003**
- ▶ **Software - Aug 1 – Aug 31, 2003**

QUESTIONS?





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